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The protocol for the inclusion of the perceptually handicapped and/or minimally brain-injured child in the Galena Park Schools is herein described. Such children usually behave with a significant degree of hyperactivity, dissociation, and have a short attention span. Specific data (including medical history, psychological test results, school history, the record of the placement committee decision, and the parent request for the child's placement in these classes) must be present before a child can be placed in a class. Effort is made to detect children early via an annual preschool clinic.

Specialized equipment and instructonal aids are provided to present the best possible learning situation. Instruction is both individual and in small groups with the goal of placing the child in a regular classroom as soon as he is able to perform adequately. Teaching methods employed are those recommended by leaders in the field as well as ones developed by individual instructors.

Prognosis for placing the pupils in regular classes is good at about the 50% level. Teacher and parent consultations are held several times per year; consultation includes explanation of the grading procedures. Results of the program are reported to be satisfactory.

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ADMINISTRATIVE ASPECTS FOR IDENTIFYING AND PROGRAMMING FOR THE MINIMALLY BRAIN-INJURED AND/OR PERCEPTUALLY HANDICAPPED CHILD IN THE EDUCATIVE PROCESS

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ADMINISTRATIVE ASPECTS FOR IDENTIFYING AND PROGRAMMING FOR THE MINIMALLY BRAIN-INJURED AND/OR PERCEPTUALLY HANDICAPPED CHILD IN THE EDUCATIVE PROCESS

The protocol for the inclusion of the perceptually handicapped and/or Minimally Brain-Injured child in the Galena Park Schools is herein described:

Identifying Information

Characteristics: The characteristics of these children can largely be described by the Strauss Syndrome, that is, children whose behavioral patterns present a significant degree of hyperactivity, perseveration, dissociation and a short attention span, and whose EEG is irregular when and if such can be medically demonstrated.

These patterns or symptoms of performance are represented by short attention span, bizarre behavior at frustration tolerance level, sparodic performance alternating between high and low proficiencies; poor retention, and often very poor visuo-motor performance skills.

Eligibility Requirements

Definition: This type of exceptionality can largely be described or generalized under the broad concept of representing the child who manifests serious learning problems in the learning situation for which the causality is difficult to determine or demonstrate.

Criteria for class inclusion: To be placed in a class for the perceptually handicapped and/or Minimally Brain-Injured child there are four primary criteria:

The child must be one who is otherwise intelligent and for which there seems to be no obvious etiology for his extreme difficulty in the learning situation.

The medical history of the child must reflect significant aspects; for example, children who have histories of difficult births, excessive fever, anoxia, pre-natal causalities such as RH factor and virus of mother during pregnancy, histories of convulsions or clinical seizure equivalents, and an irregular demonstrated EEG.

The test profile of the child must reflect significant disparities in the various vectors of the WISC, particularly between the verbal and performance tasks, the inability to perform satisfactorily on the Bender-Gestalt tasks or the inability to reproduce visual patterns such as the marble board tasks.

The behavioral patterns of the child as pointed out above simulate the Strauss syndrome such as : hyperactivity, short attention span, dissociation and distractibility. In other words, the behavior must be noticeably different; but, not necessarily the Strauss Syndrome patterns. Children who have the 14 and 6 spike brain wave irregularity are often apathetic and withdrawing.

Age inclusion: Ages of children at the present time range from six to twenty years of age.

Number of children enrolled in each class: The smallest class membership is 10 at the readiness level; this is primarily a purely orthopedic class. Class membership at the upper elementary, junior high and senior high levels is 14 with a maximum of 16.

Location of classes: Six elementary units located in the various school centers; two junior high units located in separate junior high school centers; one unit in senior high school center.

Specialized equipment: Classrooms at elementary level are equipped with standardized equipment for special classes for EMR and other categories of exceptionality; such as, movable desks, isolation screens and/or portable booths or improvised cubicles for smaller children; in each case a specially designed classroom to control stimuli affect. The units at the secondary levels simulate the regular classroom situation.

Instructional aids: Instructional aids are those aids that lend themselves for teaching in depth; for younger children such aids as form perception boards, educational puzzles, crafts and arts materials and equipment, tracing paper, and record players are standard; and, in general, a saturation of materials that will lend themselves to a multi-sensory approach, such as ungraded reading material, the SRA Reading Kit, the Webster Ungraded Reading Series. The approach is based upon the assumption that the reinforcement factor is of primary importance where there is a sensory deprivation or an impaired sensory imput modality.

Expected level of function: These children if taught in appropriate learning situation and with appropriate aids perform at near expected level of his chronological age if the behavioral aspects are under control.

Screening procedures: The Galena Park School Program is now in its seventh year of class inclusion of these children. The first broad screening medium was the First Grade Clinic in which children with strange and bizarre behavioral patterns were placed under observation of the visiting teacher as they moved up through the learning situations. Psychological evaluations were made upon referral when inability in learning situation became apparent. The procedure at that point could largely be described as reaching a differential diagnosis through observation along with the formal test data. At the present time the screening device is the Pre-School Clinic medium in which specific tasks are used in making a judgment as to visuo-motor functioning, the ability of child to take multi-direction, the attention span, a look-see at the significant medical aspects by talking with parents in person. Recommendations at this point are made for further referral to community agencies; such as Mental Evaluation Clinic, County Psychological Service Center, Child Guidance, Family Service Agency.

Names of tests and types of diagnostic work done:

Revised Stanford-Binet
Goodenough Intelligence
Wechsler Intelligence Test for Children
Thematic Apperception
Bender-Gestalt
Knox Cube Tapping Test
Minn. Marble Form Boards
California Test of Personality
Otis Quick Scoring Mental Ability Test
General Achievement Tests used: Gray-Votaw-Rogers, California Achievement, Metropolitan Achievement, California Test of Mental Maturity

Data Required for Placement in Program

Medical: Medical histories are obtained from parents which in turn are incorporated in the Identifying Information forms. Medical records prepared by the school nurse are available on each child. Complete medical check-ups by pediatrician or community diagnostic clinics for a differential diagnosis including EEG are required.

Psychological: In addition to the general achievement tests, each child is given at least two individual tests, such as the WISC or WAIS, Goodenough and Otis Quick Scoring.

School history: In addition to the regular school files which contain records of school progress, supplementary information is supplied by visiting teacher reports after home visits are made.

Placement committee: A placement committee composed of the Special Services Director and four other staff members including the school psychologist, visiting teachers and a counselor is responsible for the placement of all children.

Parent request: When parent request for a child's placement in these classes is made, the parent is required to fulfill all of the requirements mentioned previously in the report. Then the placement committee makes a judgment concerning the case and, agreed that placement is advisable, the parents sign a permission slip which indicates their permission for their child to be placed. This permission slip along with the placement committee report and psychological test results are filed in alphabetical order according to each teacher's class roll.

Time Schedule and Organizational Plan for Class Operation

Individual instruction: Specific effort is made early to help each child work independently. In the initial part of the school year, though, much time has to be devoted to individual instruction, which will decrease from about one-third to one-fourth or possibly less time as the year progresses.

Small group instruction is used extensively in these classes. Total group instruction is seldom possible at the elementary level but becomes more extensive at the junior high school level and even more so at the senior high school level.

Integration into regular classes: Integration into regular classes at the elementary level is yet at a minimum. Some teachers of regular classes consider helping these children as a real challenge and offer their services. When integration at the elementary level is attempted this is done on a tolerance or a phasing out basis; that is, the time and amount of regular class work that a child can tolerate will determine the extent of integration.

At the junior and senior high levels, integration is done more extensively; but always the integration depends upon the child's tolerance.

Instruction

Teaching method or methods used: Special methods suggested by such leaders as Mrs. Louise Sinderson of Joliet Illinois Schools, Strauss-Leighton, Dr. William Cruickshank, Mrs. Romalda Spalding and others, along with the teacher's own initiative in creativity and imagination in working out techniques particularly adaptable to childrens' needs.

What specific training teacher has relied on most: All teachers have had varied training in more than one school of thought in working with these children, but perhaps some of the most effective help has come through their own local in-service training program in which they have had the opportunity of seeing demonstrations and hearing from the foremost thinkers in this field today.

Certification of teachers

The certification requirement for teachers of the Minimially Brain-Injured and/or Perceptually Handicapped are those that are required for the orthopedically certified teacher. The training that the Galena Park Schools has been able to incorporate over and above that for the teacher of the orthopedically handicapped child centers in two areas; namely, speech therapy and counseling and guidance. For example, four of the teachers presently employed have extensive courses in speech therapy or language disorders. One has extensive training in educational psychology, two have certification in counseling and two have courses beyond that which is required in courses that relate themselves to teaching the Brain-Injured child. One of the main criterian for success in working with these children, however, seems to be the teacher's own feelings of security and inner calmness.

Progress of Children

Prognosis for placement in regular class: Prognosis for placement in regular class is good for fifty percent of these children by the time they reach the junior high school level; when they reach this

level they can usually integrate satisfactorily with the regular classes. Some children are able to return to the regular classes after two years; whereas, possibly fifteen percent will need extra help throughout their school experience.

Recommendation for next year: With the early detection of childrens' needs in the pre-school clinic and with consistent study of childrens' needs by the special services staff members, there are indications that more classes for the Minimally Brain-Injured will be needed within the near future. However, we do not envision an increase of classes for the 1962-63 term over the nine units already in operation. Continued careful screening of those who may appear eligible for this type of class by securing a differential diagnosis will be required. Further in-service training for teachers, careful selection of other needed instructional materials and teacher visitation for interchange of ideas are recommended.

Reporting System

Class teacher and parent conferences are held one or more times each year. Parent conferences with Special Services Director are arranged in cases where child's problems cannot be coped with by teacher and parent conference. These conferences may be requested by either the teacher or the parent. When conferences are deemed advisable, an agreeable time is set up for them. Twice a year open house is held in each school center. At these times work of special class pupils is on display and parents have excellent opportunity of talking with the teachers.

Type of Report Card: Report cards that are used for regular class pupils are used for these pupils; however, notation is made concerning the grade level that the child is working in each subject. Along with this report card, at the end of the school year a progress report containing recommendations for the child during the summer is sent to the parents. For the child's school record the class teacher works out a progress report which indicates the grade level of each subject that the child is working on and also indicates the child's horizontal and possible vertical academic growth.

Remarks:

Programming for the Minimally Brain-Injured children has proved to be a very forward step in meeting the individual needs of children in this school program. Continued programming for them is considered not only a challenge but also a necessity. It has been our observation that early detection holds a real key to a successful school achievement prognosis. The sensory deprivation coupled with the emotional overlay that accrues with frustration and mishandling often leaves the child depleted of inner strengths to make the needed strong effort to overcome a sensorially impaired input. It has been most gratifying to see the regular classroom teacher take heart and attempt to help those children with a less severe involvement but one that makes school progress very painful and frustrating.

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